

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☒ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

**CONSENT TO BECOME A PARTY PLAINTIFF**

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☒ I am/~~was~~ employed by New York Presbyterian Healthcare System.
- ☐ I am/~~was~~ employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☒ I am/~~was~~ employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/~~was~~ employed by North Shore-Long Island Jewish Health System.
- ☐ I am/~~was~~ employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/~~was~~ employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/~~was~~ employed by Montefiore Medical Center.
- ☐ I am/~~was~~ employed by Mount Sinai Hospital.
- ☐ I am/~~was~~ employed by NYU Medical Center.
- ☐ I am/~~was~~ employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/~~was~~ employed by Maimonides Medical Center.
- ☐ I am/~~was~~ employed by Bronx-Lebanon Hospital Center.
- ☐ I am/~~was~~ employed by Westchester Medical Center.
- ☐ I am/~~was~~ employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☒ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

Jeannette C. BARTH  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

*Indira Bashu*

Print Full Legal Name

INDIRA BASHU



## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☒ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Paula Battista

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Sylvia M. Baucio  
Signature

Sylvia Maria Baucio  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

*Christine Belrose*

Signature

Christine Marie Belrose

Print Full Legal Name



**CONSENT TO BECOME A PARTY PLAINTIFF**

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☒ I am/was employed by Bronx-Lebanon Hospital Center.
- ☒ I am/was employed by Westchester Medical Center.
- ☒ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Dylanatie Bharat  
Signature

DYLANAWATIE BHARAT  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☒ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.



Signature

KEVIN R. BLACK Registered Nurse

Print Full Legal Name

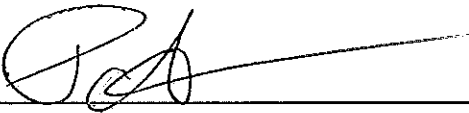
## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.



Signature

Patricia Pena-Blackwell

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name


## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

  
Print Full Legal Name




## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ ~~I am/was~~ employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☒ ~~I am/was~~ employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Consuelo N Cannon

Signature

Consuelo N Cannon

Print Full Legal Name

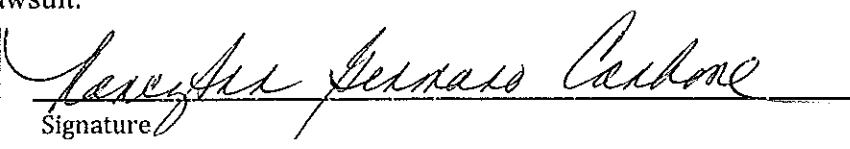
## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☒ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

NANCY ANN GERMANO CARBONE  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Tara Caruso

Signature

TARA T. CARUSO

Print Full Legal Name



## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System. *(FRANKLIN HOSP)*
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name



## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Carole A. Cecchino-Geiger

Signature

Carole A. Cecchino-Geiger

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☒ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☒ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☒ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Carmelle Charles

Signature

Carmelle Charles

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

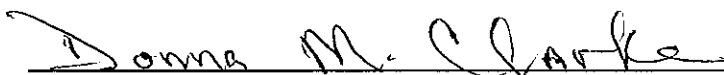
(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.



Signature



Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name



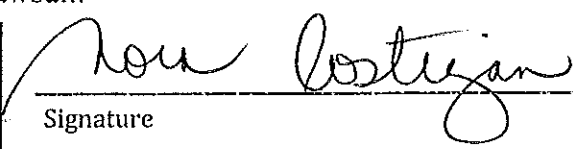
## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☒ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☒ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☒ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☒ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

*Renee J. Daly*

Signature

Renee Daly

Print Full Legal Name

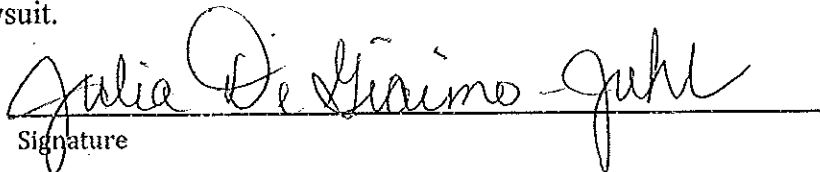
## CONSENT TO BECOME A PARTY PLAINTIFF

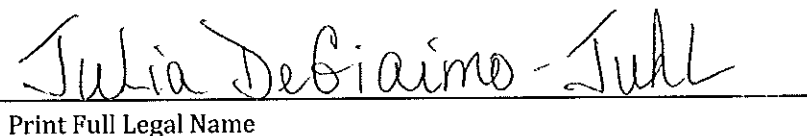
I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☐ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

  
Signature

  
Print Full Legal Name

## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☐ I am/was employed by New York Presbyterian Healthcare System.
- ☒ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☐ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☒ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Marie DeMarco

Signature

Marie DeMarco

Print Full Legal Name



## CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in any Fair Labor Standards Act action of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

(PLEASE CHECK ALL THAT APPLY)

- ☒ I am/was employed by New York Presbyterian Healthcare System.
- ☒ I am/was employed by New York City Health and Hospitals Corporation (including Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center & Elmhurst Hospital Center).
- ☐ I am/was employed by Continuum Health Partners (including Beth Israel Medical Center, St. Luke's Hospital & Long Island College Hospital).
- ☒ I am/was employed by North Shore-Long Island Jewish Health System.
- ☐ I am/was employed by Long Island Health Network and Catholic Health Services of Long Island.
- ☐ I am/was employed by MediSys Health Network, Inc. (including Jamaica Hospital, Flushing Hospital & Brookdale University Hospital and Medical Center).
- ☐ I am/was employed by Montefiore Medical Center.
- ☐ I am/was employed by Mount Sinai Hospital.
- ☐ I am/was employed by NYU Medical Center.
- ☐ I am/was employed by Memorial Sloan-Kettering Cancer Center.
- ☐ I am/was employed by Maimonides Medical Center.
- ☐ I am/was employed by Bronx-Lebanon Hospital Center.
- ☐ I am/was employed by Westchester Medical Center.
- ☐ I am/was employed by Lenox Hill Hospital.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate the named plaintiffs to act on my behalf concerning the litigation, this investigation, consideration of settlement and attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Print Full Legal Name